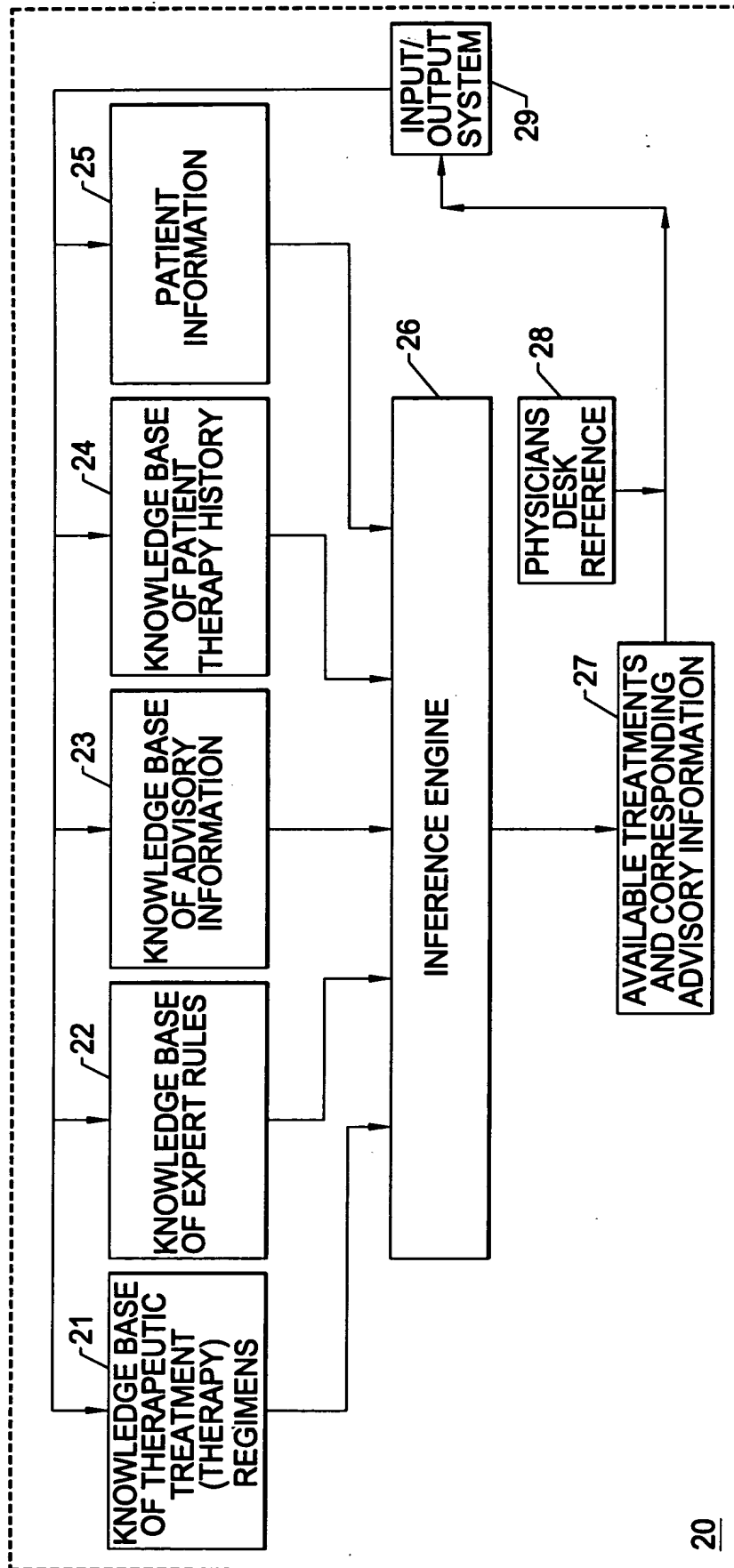
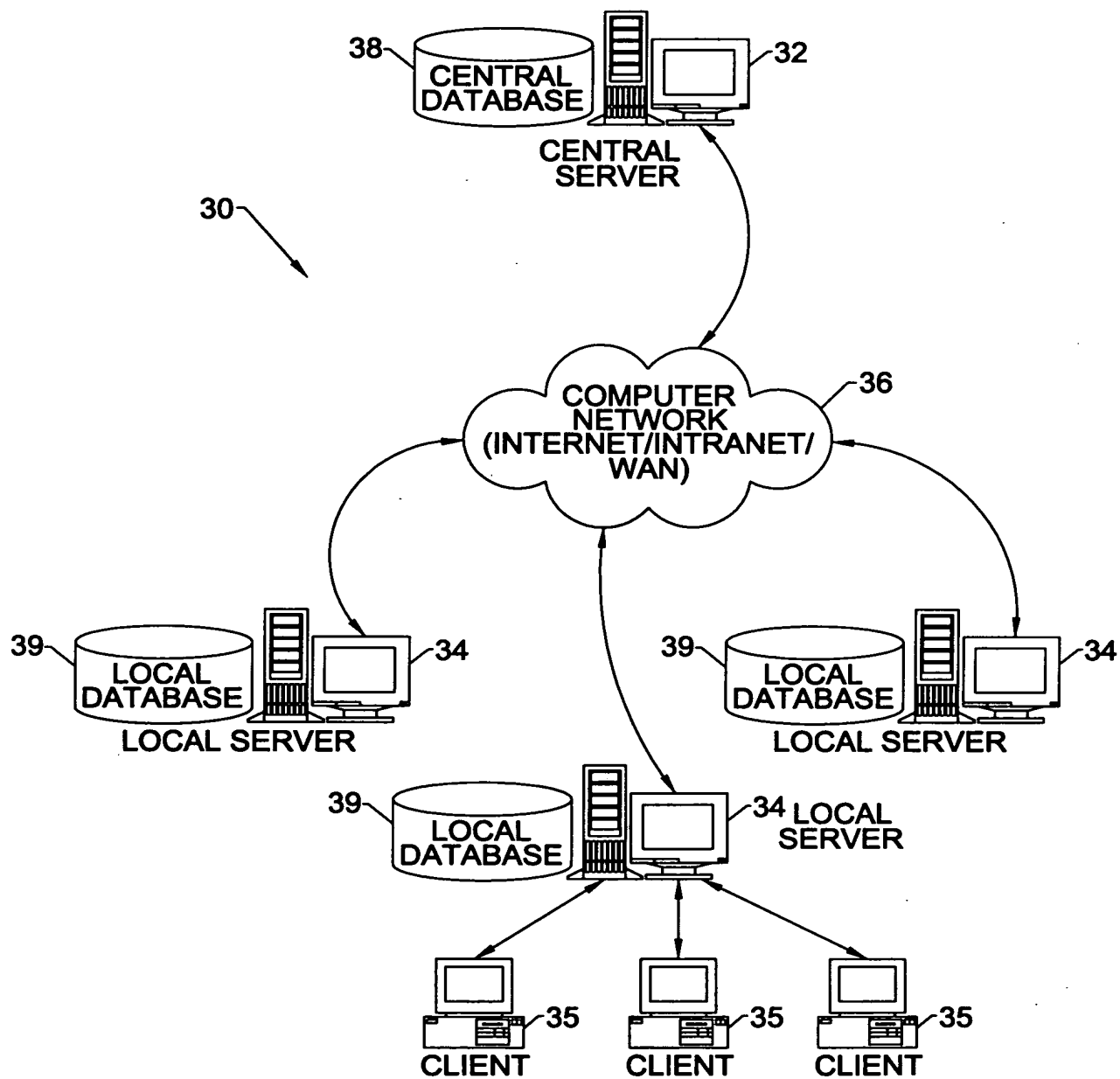


FIG. 1.

**FIG. 2.**

**FIG. 3.**

<div><div></div><div>TPMS Patient</div><div></div></div>		Medical History Chart	Therapy Evaluation
General		<input type="checkbox"/> Entry	
Patient Id:	TPMS Number.	Weight (kg)	Date
Birth Date:	[Copy] Gender.	Can Take	Value
		Solid Dosage	
CD4 and Viral Load			
(cells/cubic mm)	Specimen Date	Value	Prev Value
Viral Load (copies/ml)			
HIV Genotype	Specimen Date	Values(s)	
Phenotype			
ARV Allergy			
Intolerance			
Hemoglobin			
Neuropathy	Specimen Date	Value (g/dL)	Date
Neutrophils			
Pancreatitis	Specimen Date	cells/cubic mm	Date
Hepatic Function			
Renal Function	ALT/SGPT (IU/L)	AST/SGOT (IU/L)	Renal Function
Specimen Date	+ H		Specimen Date + H
AIDS Defining Event			
Current ARV Therapy	AIDS Diagnosis	Date	Start Date
Non-Arv Drugs			
Therapy Drug	Start Date		

FIG. 4.

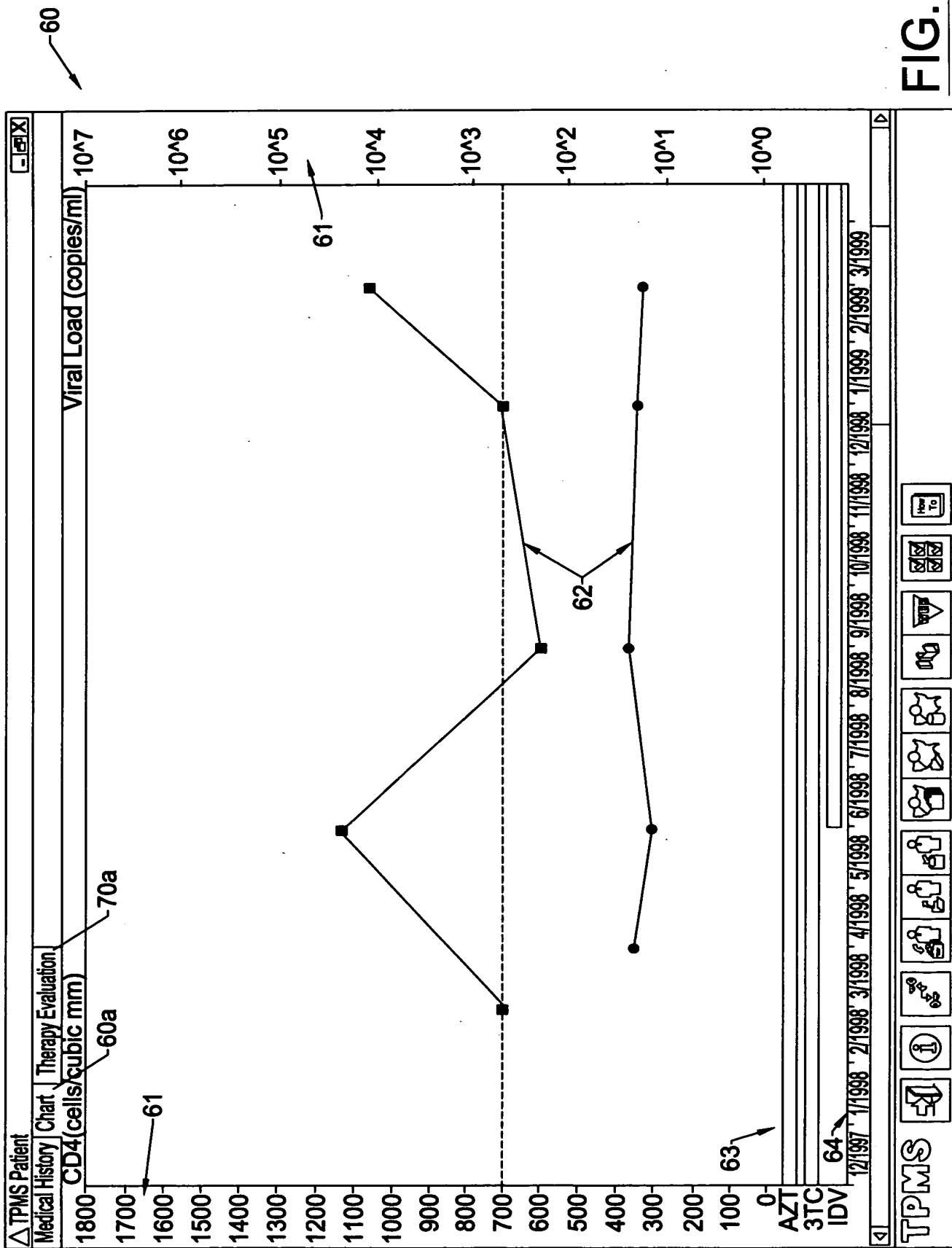


FIG. 5.

71

60a

72

70a

75

70

TPMS Patient

Medical History | Chart

Therapy Evaluation

Evaluate Current Therapy

AZT, 3TC, IDV

Show 1-Drug Therapies

Show 2-Drug Therapies

Show 3-Drug Therapies

Show 4-Drug Therapies

Show Rejected Therapies

Show EAP Therapies

Therapy Options (10 of 17)

Therapy

Eff.

Adj.

Safety Considerations

Med.

Drug

Freq.

Pills

Cost

△ AZT, ddI, d4T, NFV	2	2	ddI Renal dos Adj, d4T Renal dos Adj	Y		qdh	15	\$30.38
△ ddI, d4T, IDV	3	6	ddI Renal dos Adj, d4T Renal dos Adj, IDV Renal d...	Y		qdh	12	\$26.80
△ ddI, d4T, RTV	4	7	ddI Renal dos Adj, d4T Renal dos Adj	Y		q12h	18	\$34.06
△ d4T, SQV-SGC, NFV	5	8	d4T Renal dos Adj	Y		qdh	29	\$45.60
○ ddI, SQV-SGC, NFV	5	8	ddI Renal dos Adj			qdh	31	\$42.24
△ ddC, SQV-SGC, NFV	5	8	ddC Renal dos Adj, tobramycin+ddC		Y	qdh	29	\$42.72
△ ddC, d4T, NFV	8	8	ddC Renal dos Adj, d4T Renal dos Adj, tobramycin+...	Y	Y	qdh	13	\$30.86
△ ddI, d4T, SQV-SGC	6	9	ddI Renal dos Adj, d4T Renal dos Adj	Y		qdh	24	\$31.24

See More

Top 10

Full Screen Evaluation

Antiretroviral Drugs

Clear All Drugs

Nucleoside Analogues (NRTI)

① AZT (Retrovir/Zidovudine)

② ddI (Videx/didanosine)

③ ddC (Retrovir/zalcitabine)

④ 3TC (Extivina/lamivudine)

⑤ d4T (Zeritine/zalcitabine)

⑥ ABC (Zenpep/bacavir)

Protease Inhibitors (PI)

⑦ IDV (Crivarin/indinavir)

⑧ SQV-HGC (Invirase/saquinavir)

TO FIG. 6B.

FIG. 6A.

FROM FIG. 6A.

Therapy Being Evaluated		
< Use as Current Therapy		
<div style="text-align: center;">Recommended Dosages</div>		
Videx 125mg q 12h (4 pills/day, \$4.22/day)		
Zenit 15mg q 12h (2 pills/day, \$7.58/day)		
Crixivan 800 mg q 8h (6 pills/day, \$15.00/day)		
(☞ indicates adjusted dosage)		
<div style="text-align: center;">Warning - Resistance Notices</div>		
d4T: Resistance Advisory: Cross Resistance: The patient has at least one previous exposure to AZT that was greater than one year in duration. Previous AZT exposure can lessen the antiRetroviral effect of d4T due to cross resistance. Therapies containing d4T have been ranked lower in their AdjustedScore by +3.	FilrRankg, Commentary 259	
Resistance advisory: IDV: According to the last genotype data entered, the patient's virus currently has the following secondary mutation(s) [L101P], [S4V(P)], and [I84V(P)] which is/are associated with resistance to IDV. These mutations alone are not enough to preclude the use of IDV but they do indicate a trend in this direction. IDV is still an option but ongoing IDV use may result in a more rapid emergence of complete resistance. The Adjusted Score of IDV has been lowered by +3.		

FIG. 6B.

Icon	Meaning
○	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box.
ⓘ	Indicates that there were no critical alerts for the therapy, however, general warnings and advisories should be read in the Therapy Details box. The book indicates that therapy has been studied and a reference is available to review.
△	Indicates a yellow alert. There is important information about this therapy that must be reviewed.
⚠	Indicates a yellow alert. There is important information about this therapy that must be reviewed. The book indicates that therapy has been studied and a reference is available to review.
!	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered.
! ⓘ	Indicates a red alert, which means critical and possible life-threatening situation may exist or may be created with this therapy. Information in the Therapy Details section must be read for this therapy to be considered. The book indicates that therapy has been studied and a reference is available to review.
X	Indicates the therapy is not recommended.

FIG. 7.

73a 73b 78

TPMS Patient Medical History Chart Therapy Evaluation

Therapy Being Evaluated: AZT, ddI, SQV, RTV

< Use as Current Therapy Show Therapies

73c STOP! - DRUG INTERACTION RED ALERT - STOP!!!

Read the following Red Drug Contra-Indication Alerts for this therapy:

Drug Interaction Alert: Patient is currently taking cispripide, co-administration of Norvir (Ritonavir/RTV) with certain non-sedating antihistamines, sedative hypnotics, or antiarrhythmics may result in potentially serious and/or life-threatening adverse events due to possible effects of Norvir (Ritonavir/RTV) on the hepatic metabolism of certain drugs. Norvir (Ritonavir/RTV) can produce large increases in plasma concentrations of certain highly metabolized drugs. Norvir (Ritonavir/RTV) should not be coadministered with alprazolam, amiodarone, astemizole, bepridil, bupropion, cispripide, clozapine, diazepam, encainide, estazolam, flecanide, flurazepam, mependine, midazolam, piroxicam, propafenone, propoxyphene, quinidine, rifabutin, terfenadine, triazolam or zolpidem. Patient is taking cispripide and in order to use this therapy, that drug should be replaced with a non-contraindicated substitute. CmtDIL, Commentary25

73d

Dosages

- Retrovir 300mg q1 2h (2 pills/day, \$9.56/day)
- Videx 125mg q1 2h (4 pills/day, \$4.22/day)
- Invirase 400mg q1 2h; taken within 2 hours after a full meal (4 pills/day, \$8.47/day)
- Norvir 400mg q1 2h (8 pills/day, \$14.94/day)

(C indicates adjusted dosage)

73e

Dosage Adjustments: The following dosage adjustments messages apply to this therapy:

- Dosage Notice: This therapy contains both saquinavir and ritonavir. When ritonavir and saquinavir are used together the dosage of each drug is reduced by 1/3. The dosage for these drugs has been set accordingly. DosDCmd, Commentary28

73f

Invirase (saquinavir/SQV): The following Warnings and Advisories apply to Invirase (saquinavir/SAQ);

- Drug Interaction Information: Compounds that are substrates of CYP3A4 (e.g., calcium channel blockers, clindamycin, dapsone, quinidine, triazolam) may have elevated plasma concentrations when coadministered with Invirase (saquinavir/SQV); therefore, patient should be monitored for toxicities associated with such drugs when taking Invirase (saquinavir/SQV), CmtGenF, Commentary21

73g

FIG. 8.

10/22

70

76

Therapy Options

Therapy	Eff.	Adj.	Safety
<input type="checkbox"/> d4T, 3TC, IDV	1	1	
<input type="checkbox"/> AZT, 3TC, IDV	1	1	
<input type="checkbox"/> d4T, 3TC, NFV	1	1	
<input type="checkbox"/> AZT, 3TC, NFV	1	1	
<input type="checkbox"/> d4T, 3TC, NFV			
<input type="checkbox"/> AZT, 3TC, NFV			
<input type="checkbox"/> ddI, d4T, 3TC			
<input type="checkbox"/> d4T, 3TC, NFV			

90

Therapy B Evaluated

General

- Vi
- M

Show Abstract for Retrovir

Show Abstract for Eplivir

Show Abstract for Viracept

Show Therapy Study

Print Details for AZT, 3TC, NFV

Print Top 10 Therapy Option Details

Hide Column "Eff."

Hide Column "Adj."

Hide Column "Safety Considerations"

Show Column "Med"

Show Column "Drug"

Hide Column "Freq."

Hide Column "Pills"

Hide Column "Cost"

FIG. 9.

FIG. 10A.

FIG. 10B.

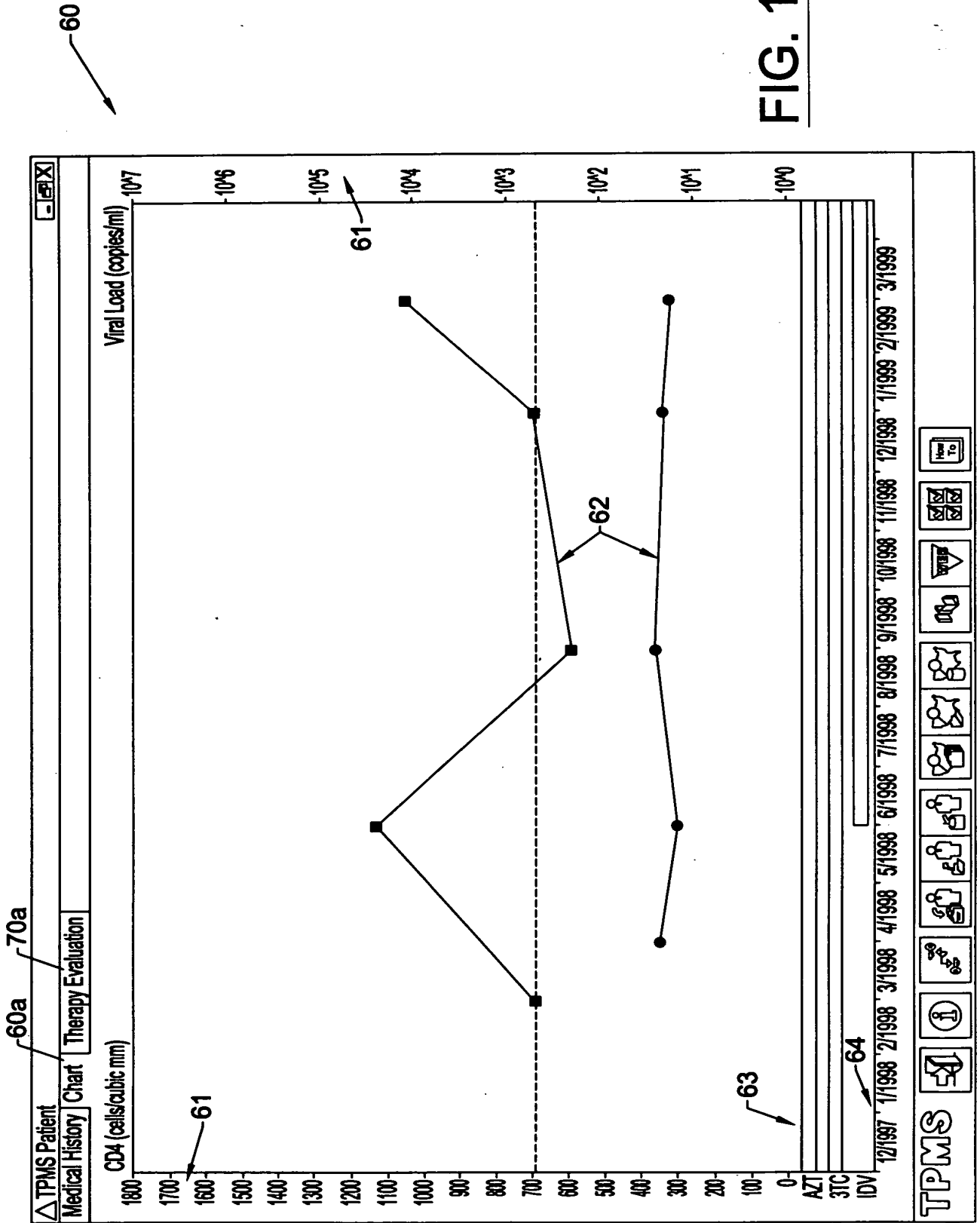


FIG. 10C.

FIG. 10D.

60a 70a

TPMS Patient		Medical History		Therapy Evaluation	
<input type="checkbox"/> General		<input type="checkbox"/> + <input type="checkbox"/> H <input type="checkbox"/> Entry <input checked="" type="checkbox"/> Comment Pop		Date Value	
Patient Id: ARV naive1		Birth date: 1/5/1968		TPMS Number: 73.00	
Physician: Male		Print Save		Solid Dosage: Yes	
CD4 and Viral Load		AIDS Diagnosis		AIDS Defining Event	
Specimen Date Value Specimen Date Prev Value		Date		Date	
CD4 (cells/cubic mm) 12/20/1999 350 12/23/1998 375		Current ARV Therapy		AIDS Defining Event	
Current Viral Load 12/20/1999 31000 VL Units: C/mL		Viral Load		AIDS Defining Event	
Previous Viral Load 12/29/1998 19000 VL Units: C/mL		Non-ARV Drugs		AIDS Defining Event	
HIV Genotype + H		Therapy Drug		Start Date	
Phenotype + H		Prozac Pulvules & Liquid, O...		10/5/1998	
Allergy/Hyper + H		Bactrim DS Tablets		12/8/1998	
Intolerance + H		54a			
Hemoglobin		Neuropathy			
Specimen Date Value(g/dL)		Date Value			
+ H 2/1/1999 12.50		+ H 2/1/1999 No			
Neutrophils		Pancrreatitis			
Specimen Date cells/cubic mm		Date Value			
+ H 2/1/1999 1350		+ H 2/1/1999 No			
Hepatic Function		Renal Function			
Specimen Date AST/SGOT (U/L) ALT/SGPT (U/L)		Specimen Date Dialysis Serum Creatinine Est. Creatinine			
2/1/1999 35 35		2/1/1999 No 1.00 110.51			

TPMS

FIG. 11A.

TPMS Patient									
Medical History		Chart		Therapy Evaluation					
Evaluate Current Therapy		None		<input type="checkbox"/> Show 1-Drug Therapies <input type="checkbox"/> Show 2-Drug Therapies		<input checked="" type="checkbox"/> Show 3-Drug Therapies <input checked="" type="checkbox"/> Show 4-Drug Therapies		<input type="checkbox"/> Show Rejected Therapies <input type="checkbox"/> Show EAP Therapies	
Therapy Options (10 of 613)									
Therapy	Eff.	Adj.	Safety Considerations	Freq.	Pills	Cost	Antiretroviral Drugs		
							Nucleoside Analogues (NRTI)		
<input checked="" type="radio"/> AZT, ddI, 3TC, SQV-SGC	1	1		q8h	26	\$43.46	<input type="checkbox"/> AZT (Retrovir/zidovudine)		
<input type="radio"/> ddI, 3TC, NFV	1	1		q8h	13	\$34.78	<input type="checkbox"/> ddI (Videx/didanosine)		
<input checked="" type="radio"/> AZT, 3TC, IDV	1	1		q8h	10	\$32.24	<input type="checkbox"/> ddC (Hivid/zalcitabine)		
<input checked="" type="radio"/> AZT, 3TC, NFV	1	1		q8h	13	\$35.81	<input type="checkbox"/> 3TC (Epivir/zalcitabine)		
<input checked="" type="radio"/> ddI, 3TC, IDV	1	1		q8h	10	\$31.20	<input type="checkbox"/> ddI (Videx/zidovudine)		
<input type="radio"/> AZT, ddI, RTV, DLV	2	2	DLV+RTV	q8h	30	\$45.99	<input type="checkbox"/> ABC (Zegen/abacavir)		
<input type="radio"/> ddI, ddI, IDV, NVP	2	2		q8h	17	\$42.55	Protease Inhibitors (PI)		
<input type="radio"/> ddI, 3TC, RTV	2	2		q12h	16	\$38.46	<input type="checkbox"/> IDV (Crixivan/indinavir)		
<input type="radio"/> AZT, ddI, RTV, NVP	2	2		q12h	20	\$47.10	<input type="checkbox"/> SQV-HGC (Invirase/saquinavir)		
							<input type="checkbox"/> SQV-SGC (Fortovase/saquinavir)		
See More See All Top 10 Full Screen Evaluation									
Therapy Being Evaluated		None		< Use as Current Therapy					
General Messages									
<ul style="list-style-type: none"> WARNING: Before initiating any antiRetroviral treatment regimen, the complete product information for each therapeutic component should be consulted. W1 Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiRetroviral therapy to evaluate therapeutic efficacy and patient compliance. A1 									
Therapy Initiation/Change Messages									
<ul style="list-style-type: none"> Therapy Initiation: Current treatment guidelines recommend initiation of antiRetroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/uL. (Ann. Int. Med., 1998) A2 Combination Therapy Recommended: Experts agree that the goal of antiRetroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTIs) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. A3 									
TPMS									

FIG. 11C.



Recommended Dosages

- Retrovir 300mg q 12h (2 pills/day, \$9.56/day)
Videx 200mg q 12h (4 pills/day, \$6.78/day)
Norvir 600 mg q 12h (12 pills/day, \$22.26/day)
Rescriptor 400mg q 8h (12 pills/day, \$7.39/day)

Warnings and Side Effects

- AZT: Interrupt Retrovirus if anemia and/or neutropenia develops. More Info 036 [DoseGenA, Commentary36](#)
- ddI: When treatment with other drugs known to cause pancreatic toxicity is required (for example, IV pentamidine), suspension of Videx should be considered. [CmtGenA, Commentary13](#)
- ddI: If patients develop symptoms of neuropathy, Videx therapy should be interrupted. [DoseGenB, Commentary40](#)
- ddI: Clinical signs suggestive of pancreatitis should prompt dose suspension of Videx and careful evaluation of the possibility of pancreatitis. Only after pancreatitis has been ruled out should dosing be resumed. [DoseGenB, Commentary39](#)
- DLV: Skin rash attributable to Rescriptor may occur during first 21 days. More Info 054 [CmtGenS, Commentary54](#)

Drug Interaction Information

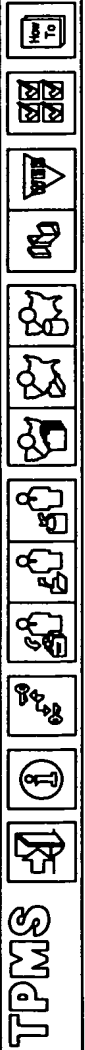
- ddi: Videx should not be administered with a prescription antibiotic containing any form of tetracycline. [CmtGenA, Commentary15](#)
- ddi: Plasma concentrations of some quinolone antibiotics are decreased when administered with antacids containing magnesium or aluminum. Therefore, doses of quinolone antibiotics should not be administered within 2 hours of taking Videx. [CmtGenA, Commentary16](#)
- RTV: Monitor for decreased AUC of Norvir and associated adverse events when concomitant with use of drugs that increase CYP3A activity (including tobacco). More

Info 026 CmtGenH, Commentary26

FIG. 11D.

TPMS Patient		Therapy Evaluation	
Medical History Chart		Therapy Evaluation	
<input type="checkbox"/> Evaluate Current Therapy? <input type="text" value="None"/>		<input type="checkbox"/> Show 1-Drug Therapies <input checked="" type="checkbox"/> Show 3-Drug Therapies <input type="checkbox"/> Show Rejected Therapies <input type="checkbox"/> Show 2-Drug Therapies <input checked="" type="checkbox"/> Show 4-Drug Therapies <input type="checkbox"/> Show EAP Therapies	
Therapy Options (10 of 613)			
Therapy	<input type="checkbox"/> AZT, ddI, 3TC, SQV-S <input type="checkbox"/> ddI, 3TC, NFV <input type="checkbox"/> AZT, 3TC, IDV <input type="checkbox"/> AZT, 3TC, NFV <input type="checkbox"/> ddI, 3TC, IDV <input type="checkbox"/> AZT, ddI, RTV, DLV <input type="checkbox"/> ddI, ddI, IDV, NVP <input type="checkbox"/> ddI, 3TC, RTV <input type="checkbox"/> AZT, ddI, RTV, NVP	Show Abstract for Retrovir Show Abstract for Virex Show Abstract for Edmiv Show Abstract for Fortovase Show Therapy Study Print Details for AZT, ddI, 3TC, SQV-SGC Print Top 10 Therapy Option Details Print All Therapy Option Summaries Print Top 10 Therapy Option Summaries Hide Column "Eff." Hide Column "Adj." Hide Column "Safety Considerations" Show Column "Med" Show Column "Drug" Hide Column "Freq." Hide Column "Pills" Hide Column "Cost"	Antiretroviral Drugs Nucleoside Analogues (NRTI) <input type="checkbox"/> AZT (Retrovir/zidovudine) <input type="checkbox"/> ddI (Virex/ddanosine) <input type="checkbox"/> ddC (Hivid/zalcitabine) <input type="checkbox"/> 3TC (Epivir/abacavir) <input type="checkbox"/> ddI (Zeritabine) <input type="checkbox"/> ABC (Ziagen/abacavir) Protease Inhibitors (PI) <input type="checkbox"/> IDV (Crivon/indinavir) <input type="checkbox"/> SQV-HGC (Invirase/saquinavir) <input type="checkbox"/> SQV-SGC (Fortovase/saquinavir)
See More	See All	See All	See All
Therapy Being Evaluated	None	<input type="checkbox"/> Use as Current Therapy	
General Message			
<p>• WARNING: Before initiating any antiretroviral treatment regimen, the complete product information for each therapeutic component should be consulted. W1</p> <p>• Viral Load Testing Required: Viral load testing should be repeated 21-35 days after initiation of, or a change of, antiretroviral therapy to evaluate therapeutic efficacy and patient compliance. A1</p> <p>Therapy Initiation/Change Messages A2</p> <p>• Therapy Initiation: Current treatment guidelines recommend initiation of antiretroviral therapy for HIV-infected patients with HIV RNA (viral load) concentrations greater than 20,000 copies/ml (10,000 Eq/ml bDNA) or CD4 counts less than 500 cells/μl. (Ann.Int.Med., 1998), PreQualM, Commentary61 A3</p> <p>• Combination Therapy Recommended: Experts agree that the goal of antiretroviral therapy should be to reduce the viral load to as low a level as possible for as long as possible. Initiation of therapy with a combination containing 2 nucleoside reverse transcriptase inhibitors (NRTIs) and a potent protease inhibitor have been shown to provide enhanced clinical benefit versus 2 drug combinations with regard to reduction in viral load and improved clinical outcomes. PreQualM, Commentary66</p>			

FIG. 11E.



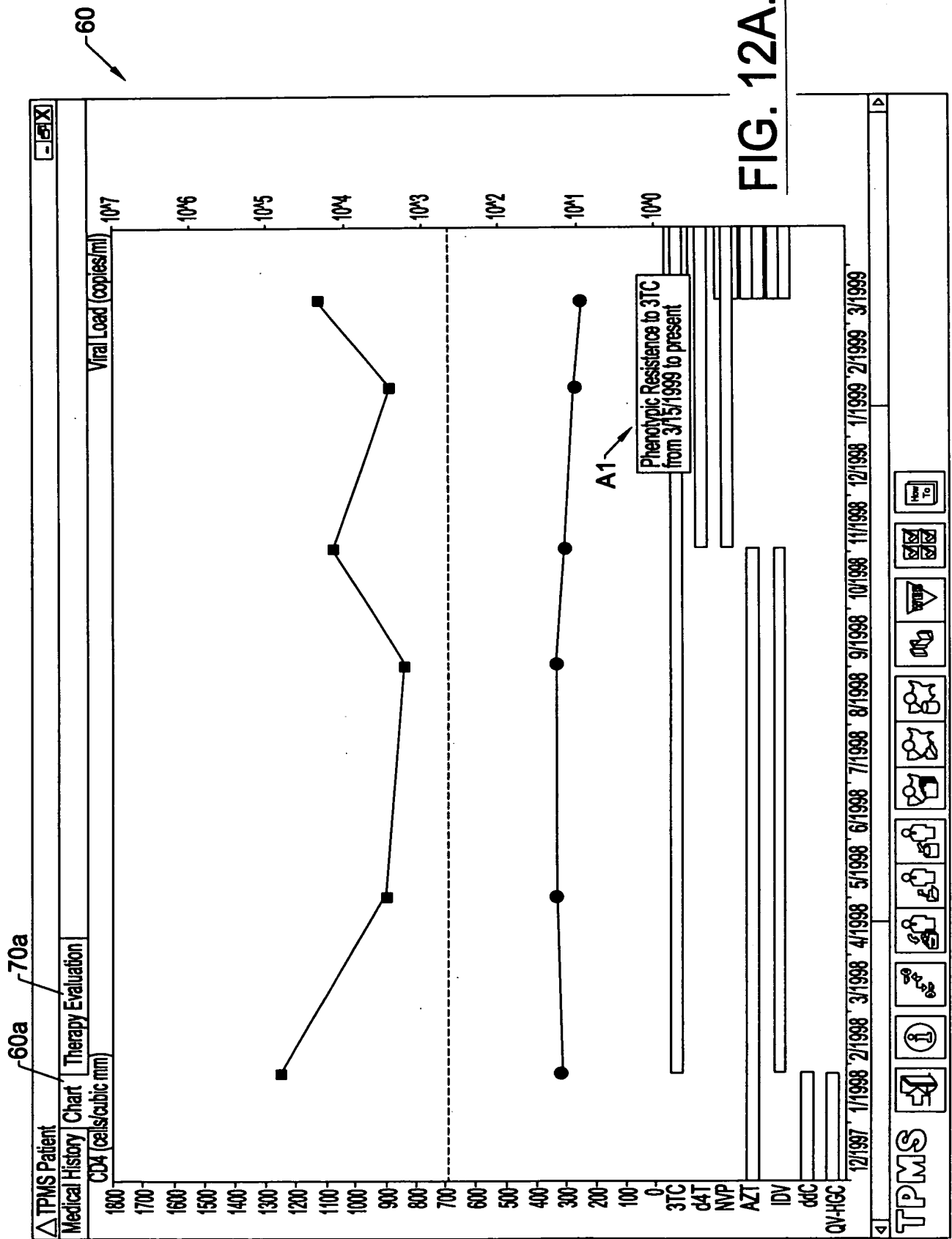


FIG. 12A.

TPMS Patient		Therapy Evaluation	
Medical History	Chart		
<input type="checkbox"/> Show 1-Drug Therapies <input checked="" type="checkbox"/> Show 3-Drug Therapies <input type="checkbox"/> Show Rejected Therapies <input type="checkbox"/> Show 2-Drug Therapies <input type="checkbox"/> Show 4-Drug Therapies <input type="checkbox"/> Show EAP Therapies		<input type="checkbox"/> Evaluate Current Therapy <input type="checkbox"/> 3TC, d4T, NVP	
Therapy Options (10 of 98)		Clear All Drugs	
Therapy	Eff.	Adj.	Safety Considerations
2 ddi, d4T, NVP	2	2	Rifabutin+NVP
5 ddi, d4T, EFV	5	5	
5 ddi, NVP, EFV	5	5	Rifabutin+NVP
5 d4T, NVP, EFV	5	5	Rifabutin+NVP
5 ddc, NVP, EFV	5	7	Rifabutin+NVP
5 ddc, d4T, EFV	5	7	
See More See All Top 10 Full Screen Evaluation		76	
Therapy Being Evaluated	3TC, d4T, NVP	Cost	Pills
	11	\$33.88	15
	12	\$28.44	9
	11	\$38.50	16
	12	\$40.24	14
	11	\$38.77	15
	12	\$28.71	8
Antiretroviral Drugs		Nucleoside Analogues (NRTI)	
<input checked="" type="checkbox"/> AZT (Retrovir/zidovudine) <input type="checkbox"/> ddC (Hivid/zalcitabine) <input checked="" type="checkbox"/> 3TC (Epivir/lamivudine) <input checked="" type="checkbox"/> d4T (Zeritastavudine) <input type="checkbox"/> ABC (Ziagen/lamivudine)		Protease Inhibitors (PI)	
This therapy was rejected for the following reason(s): Additional information about the therapy is provided but this therapy is NOT advisable		!!THERAPY REJECTED!!!	
• Viramune (nevirapine/NVP) Resistance Advisory: According to the last genotype data entered, the patient's virus currently has mutation(s) which is/are associated with resistance to Viramune. FitMutE, Rejection54		• Resistance Advisory: According to the last genotype data entered, the patient's virus currently has the following mutations: M184V [RT], the genotype test displays evidence of the M184V/M184I mutation which is associated with resistance to 3TC. However, this mutant has increased sensitivity to the antiretroviral activity of AZT and ADV so an AZT/3TC or AZT/ADV combination is still useable. Therefore combinations which contain AZT/3TC and AZT/ADV are shown as therapy options although these therapies have been ranked down +5 in favor of three drug combinations with no resistant mutants. FitMutB, Rejection51	
• Efavir and Viramune Resistance Advisory: The patient's last phenotypic assay demonstrates phenotypic resistance to Efavir and Viramune, therefore, therapies containing Efavir and Viramune are not recommended at this time. FitResC, Rejection42		• NVPΔ: Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs	
CAUTION		CAUTION	
YELLOW ALERT		CAUTION	
W3		W3	
TPMS		TPMS	

FIG. 12B.

General		Birth date:		TPMS Number.		Weight (kg)		Date		Value	
Patient Id:	[Features]	1/1/1980				+ [H]		1/28/1999		60.00	
Physician:	[patient]	Gender: Male		Print	Save	Solid Dosage	+ [H]	1/28/1999		Yes	
CD4 and Viral Load											
		Specimen Date	Value	Specimen Date	Prev Value	AIDS Defining Event					
CD4 (cells/cubic mm)	+ [H]	3/15/1999	240	1/28/1999	265						
Current Viral Load	+ [H]	3/15/1999	21500	VL Units: C/mL		Current ARV Therapy [V] [D] + [X] [H]					
Previous Viral Load		1/28/1999	2600	VL Units: C/mL		11/4/1998 [3TC, d4T, NVP] 54c					
Values											
HIV Genotype	+ [H]	3/15/1999	L10(P), M46(P), I54(VP), V82A(P), M41(LRT), Y181	Non-ARV Drugs							
Ph	Start Date										
AJ	5/1/1999										
In	5/1/1999										
• NVPΔ : Drug Interaction Alert: Patient is currently taking rifabutin and there is insufficient data to assess whether dose adjustments are necessary. These drugs should only be used in combination if clearly indicated and with careful monitoring. CmtDIP, Commentary33											
Hemoglobin											
Neuropathy		Specimen Date	Value(g/dL)	Date	Value						
		+ [H]	1/28/1999	15.00	No						
Pancreatitis		Specimen Date	Value	Date	Value						
		+ [H]	1/28/1999	No							
Renal Function											
AST/SGOT (IU/L)		25	25	ALP/SGPT (IU/L)		Specimen Date	Dialysis	Serum Creatinine	Est Creatinine		
1/28/1999						1/28/1999	No	1.00	0.17		